

APPLICATION FOR HARDSHIP ASSISTANCE



SNOWY MONARO
REGIONAL COUNCIL

If property is in joint ownership, please ensure a separate form is completed by any owner who wants to make application for hardship assistance.

Please ensure that you have attached documentary evidence of your income and expenditure. Applications received without supporting documentation will be considered incomplete and may not be considered by Council.

If Hardship is related to the Covid-19 Public Health Orders and you have qualified for other relevant assistance, please complete sections 1 to 5 and section 12, do not complete sections 6 to 11.

| | | |
|----------------------|-------|----------|
| 1. Applicant / Owner | | |
| Name/s | | |
| Postal Address | | |
| Town | State | Postcode |
| Email | | |
| Phone (AH) | | |
| Phone (BH) | | |
| Mobile | | |

| |
|------------------------------------------------------------------------------------|
| 2. Please indicate which account you would like this application to apply to: |
| <input type="checkbox"/> Rates - Assessment Number: _____ |
| <input type="checkbox"/> Water/Sewer - Assessment Number: _____ |
| <input type="checkbox"/> Sundry Debtor Account - Account Number: _____ |
| If this application applies to multiple properties or accounts please advise here. |

| |
|------------------------------------------------------------------------------------------------------|
| 3. Payment Arrangement Details. Please choose your preferred arrangement and complete details below: |
| <input type="checkbox"/> Payment plan plus lump sum payment of \$ _____ by _____ (date) |
| <input type="checkbox"/> Payment plan only |
| 3.1 Proposed payment arrangement period: (length of time) |
| <input type="checkbox"/> Less than 6 months |
| <input type="checkbox"/> 6 months |
| <input type="checkbox"/> 12 months (excludes Sundry Debtor accounts) |
| <input type="checkbox"/> 24 months (excludes Sundry Debtor accounts) |
| 3.2 Proposed frequency of payment: |
| <input type="checkbox"/> Weekly |
| <input type="checkbox"/> Fortnightly |
| <input type="checkbox"/> Monthly |

3.3 *Proposed method of Payment:*

- Direct Debit – Council form to be completed and included with this application.
- Centrepay – to be arranged through Centrelink by the Applicant and evidence of this provided to Council.

Payments dishonored by your financial institution may attract a dishonor fee and result in cancellation of the arrangement.

4. My reason of Hardship is due to:

- Unemployment
- Poor health
- Disaster e.g. Bushfire
- Drought
- Pandemic – Covid-19 Public Health Order *(Please complete Section 5, 10 & 12 only)*
- Other (please provide further information)

What is the industry of your employment/business?

How long have you been experiencing this hardship?

5. If you are experiencing hardship due to your employment being affected by Covid-19 Public Health Orders, please supply supporting documentation as per below.

5.1 *Individuals and Households:*

- Extreme Hardship Payment
- Services Australia: Covid-19 disaster payment
- Services Australia: Pandemic leave disaster payment
- Other: Please Specify

5.2 *Businesses, Sole traders and small not-for profits:*

- Covid-19 Business Grant
- Job Saver
- Covid-19 Micro Business Grant
- Other: Please Specify

6. Property Information – please circle

| | | |
|---------------------------------------|-----|----|
| Is this your principal residence? | Yes | No |
| Is any part of the property tenanted? | Yes | No |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Do you own the property: | | |
| 1. By yourself? | Yes | No |
| 2. With a spouse / partner? | Yes | No |
| 3. With another person(s)? | Yes | No |
| Note: If this property is jointly owned please combine income, asset, & expenses in the sections 5 and 6 below as required. | | |
| Do you own or have an interest in any other land or building? | Yes | No |
| If yes, please provide details (e.g. address, percentage of ownership, etc) | | |

| |
|-----------------------------------------------------------------------------------------------|
| 7. Do you have a current Pensioner Card or receive any pension/government benefits? |
| If the answer to this question is yes, please complete a Pension Concession Application form. |

| | | |
|-------------------------------------------------------------------------------------------------------|-----------|--|
| 8. Financial Information | | |
| <i>8.1 Weekly Income (all owners combined)</i> | | |
| How much do you receive in pension & benefits? | \$ | |
| How much do you receive in wages (after tax)? | \$ | |
| Any other income (insurance, rent income etc)? | \$ | |
| Spouse / partner total income: | \$ | |
| Income of any other person residing at the property* (*For your principal place of residence only) | \$ | |
| Child Support Income | \$ | |
| Total average weekly income after tax | \$ | |
| <i>8.2 Assets (all owners combined)</i> | | |
| Details of Funds in Bank/Financial Institutions - Name and Branch BSB and Account Number | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |
| | \$ | |

| | | |
|-------------------|-----------------|-----------------|
| Motor Vehicle(s): | | |
| Vehicle 1: | Vehicle 2: | Vehicle 3: |
| Year: | Year: | Year: |
| Make and Model: | Make and Model: | Make and Model: |
| Registration: | Registration: | Registration: |
| Market Value \$ | Market Value \$ | Market Value \$ |

8.3 Average Weekly Expenditure & Liabilities (all owners combined)

| Commitment Type | To Whom Amount Owed | Amount |
|----------------------------------------------------------------|---------------------|----------------------|
| Home Loan Repayment (Or rent, if applicable) | | \$ |
| Other Mortgage(s) | | \$ \$ |
| Personal Loans | | \$ |
| Credit Cards | | \$ \$ \$ \$ |
| Health Costs (where hardship relates to serious illness) | | \$ |
| Food/Clothing/Shoes | | \$ |
| Electricity/Gas | | \$ |
| Telephone/Mobile/Internet | | \$ |
| Education | | \$ |
| Child Support | | \$ |
| Other necessary expenditure (specify) | | \$ \$ \$ |
| Total Weekly Expenditure (Include all expenses) | | \$ |
| | | \$ |

9. Name and Address of your Principal Employer

Name:

Address:

10. Attach all relevant Documents to support your financial statements and indicate below which documents are attached to this application.

- Centrelink Statements
- Paylips
- Loan Agreement
- Bank Statement
- Letter from Financial Advisor/Accountant advising your financial situation.
- Documentation from relevant organisations showing eligibility for Drought, Disaster or Pandemic relief.
- Other information or documentation that may assist in our review of the application, e.g. doctor's certificate, medical records.

11. Other Relevant Information:

Please include any other information that is pertinent to your application, including any other documentation that may assist in our review of the application, e.g. doctor's certificate, medical records.

12. Declaration and Signature of Applicant

By submitting this Application for Hardship Assistance the Applicant set out herein:

- (a) Makes application to Snowy Monaro Regional Council ("council") for Hardship Assistance;
- (b) Seeks the relief set out in the application;
- (c) Declares that all the information provided is true and correct;
- (d) Understands that council may require further information to consider the application;
- (e) Understands that the granting of any relief is in the absolute discretion of council; and
- (f) Understands that if relief is granted and the terms are not complied with (in the absence of agreement by council) further action (including debt recovery action) may be taken by council without notice.

| | |
|-----------|------|
| Signature | Date |
| Signature | Date |

For further information or assistance on completing this form please contact Council:
PO Box 714 COOMA NSW 2630 | 1300 345 345 | council@snowymonaro.nsw.gov.au |
www.snowymonaro.nsw.gov.au